

**Preventive and Remedial Public Health Services
Provider Type 20
907 KAR 1:360**

Information about the program:

- Provider must be Department for Public Health or local health department.
- The facility's administrator or director must sign all forms.
- Provider must have "bricks and mortar".
- No out-of-state providers in this program.
- Provider can only be an entity, NO INDIVIDUALS
- Provider must have an Interagency Agreement (subcontract) with the Department for Public Health.

Additional information to be submitted by the provider for application processing:

- MAP-811 Non-Credentialed
- W-9
- CLIA certificate (if have lab)
- NPI and Taxonomy Verification

Important addresses:

- KY Medicaid
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602